

MARYLAND HEALTH CARE COMMISSION

Summary of the Healthcare-Associated Infections (HAI) Advisory Committee Meeting

May 26, 2010

Committee Members Present

Patrick Chaulk, MD, MPH (via telephone)
Beverly Collins, MD, MBA, MS (via telephone)
Sara E. Cosgrove, MD, MS (via telephone)
Jacqueline Daley, HBS, MLT, CIC, CSPDS
Maria E. Eckart, RN, BSN, CIC
Elizabeth P. (Libby) Fuss, RN, MS, CIC
Wendy Gary, MHA
Anthony Harris, MD, MPH
Debra Illig, RN, MBA, CLNC
Lynne V. Karanfil, RN, MA, CIC
Jean E. Lee, Pharm.D., BCPS
Peggy A. Pass, RN, BSN, MS, CIC (via telephone)
Michael Anne Preas, RN, BSN, CIC
Brenda Roup, PhD, RN, CIC
Jack Schwartz, Esq. (via telephone)
Patricia Swartz, MPH, MS
Kerri Thom, MD, MS
Renee Webster
Lucy Wilson, MD, Sc.M

Committee Members Absent

Andrea Hyatt
Carol Payne

Commission Staff

Pam Barclay
Theresa Lee
Mohamed Badawi
Mariam Rahman
Deme Umo
Eileen Witherspoon
Judy Wright

Public Attendance

Katie Henry, Department of Health
and Mental Hygiene
Patricia Lawson, Department of Health and Mental
Hygiene
Beverly Miller, Maryland Hospital Association (via
telephone)
Mary Mussman, Department of Health and Mental
Hygiene (via telephone)
Byron Pugh, Department of Health and Mental
Hygiene

1. Call to Order

Pam Barclay, Director, Center for Hospital Services, called the meeting to order at 1:00 p.m. and stated all who were present in person and on the phone. Dr. Lucy Wilson introduced the DHMH staff members who are working on HAI initiatives including the newest member, Byron Pugh.

2. Review of Previous Meeting Summary (April 28, 2010)

The previous meeting summary was approved.

3. Update on CLABSI Data Collection and Reporting

Feedback on Hospital CLABSI Reports

Ms. Barclay reported that every hospital was sent a feedback report displaying their CLABSI data by ICU type to comparable information for the State. Hospitals were asked to review the data and submit corrections back to MHCC. Hospitals with NICUs also received a table with NICU data. She also indicated that based on hospital comments, staff are working on revising the reports to add the SIR (standardized infection rate) and create feedback reports for umbilical catheter-associated bloodstream infection data for NICUs. Many hospitals wanted to know what hospitals were in the various groupings, including teaching facilities and ICU types. Ms. Barclay said that information was also sent to hospitals, resulting in a few hospitals making corrections that affected the grouping. She said that those changes did not alter the State's SIR of 1.3.

Ms. Barclay said a webinar will be held in early June in collaboration with APIC, the CLABSI audit contractor, to review the results of the audit of Maryland hospitals. She stressed the need to register beforehand to access the webinar. Ms. Karanfil asked if more CLABSIs were found with the audit that may have contributed to the higher SIR. Ms. Lee stated that while some CLABSIs were found with the audit, some CLABSIs were incorrectly coded. Dr. Cosgrove suggested that because the State's IPs were trained by CDC and the sheer fact that there would be an audit, increased the likelihood of IPs reporting correctly compared to other states. Ms. Barclay said the states with higher SIRs did perform validation studies. Ms. Barclay said the group needs to discuss how frequently to audit and the design of audits going forward. This will be a future agenda item for discussion.

Ms. Barclay said the CLABSI data must be publicly reported on the Hospital Performance Evaluation Guide soon. She added that under contract with Johns Hopkins University, Katie Passaretti and others will create a working paper on what other states are doing with this data and the pros and cons of each display. She will create options on how to display Maryland's data and these will be tested with several focus groups including high level health care professionals and consumers. The information will be brought back to the group to decide on a format.

Release of CDC State-Specific Report on CLABSIs

Ms. Barclay said a teleconference briefing would be held tomorrow at noon by CDC regarding the first State-Specific Report on CLABSIs. She said 17 States with mandatory CLABSI reporting requirements are included in the report. The report covers January-June 2009 data. She said there are three states with an SIR over 1.0 and Maryland has the highest SIR. Dr. Harris said the emphasis should be placed on what hospitals are doing in the State as well as the efforts of MHCC. Ms. Pass asked the group for insight into the problem and why the SIR is high. Dr. Harris suggested everyone should think about that question. He said some hospitals that drive the rate have acuity issues including several trauma centers while other states may have one trauma center. Also, some hospitals are magnets for highest risk patients. He also expressed concern over certain CDC definitions and associated issues. For example, a patient with 4 central lines is counted as having only one line. This patient is at a much greater risk of infection as he/she is acutely ill and has multiple lines. Dr. Harris said his facility has contacted other hospitals across the nation asking them to classify cases, and received different responses on whether the case would fit the CDC definition. Ms. Fuss stressed that the CDC definitions

are for surveillance purposes are not necessarily clinical case infections; yet the literature pulls data from NHSN as if these are all clinical case infections, not surveillance cases. Ms. Pass expressed the need to focus on helpful strategies on decreasing the rates. Ms. Gary said some universal talking points about what we are proactively doing in Maryland to address the issue would be the best approach. She said all the work being done, including that of the HAI Advisory Committee needs to be communicated to the public. Dr. Roup asked about including the CLIP bundle in future data collection plans. Ms. Pass suggested sending out a needs assessment survey to hospitals to see where they are in terms of using the bundle and what hospitals think are their particular problem areas. The Committee agreed with the idea. Dr. Harris suggested focusing on data collection issues by, for example, circulating several patient scenarios to the hospitals and asking them to classify according to CDC definitions, and then providing the answers. Then other states could be contacted to see if their IPs are defining cases correctly. It could be a state and national teaching opportunity. Ms. Barclay said a CLABSI data processing schedule will be established to better manage the data. The schedule will include deadlines for data submission, preview reports, and data updates and corrections.

Ms. Barclay summarized the Denominator Simplification Project document prepared by DHMH. Patricia Lawson, DHMH staff reported that she attended a CDC meeting where this project was discussed. CDC is trying to determine if there is a more effective and efficient way to collect CLABSI denominator data. Ms. Lawson said CDC is looking for volunteer facilities. DHMH wants to partner with MHCC to get hospitals on board. Ms. Lawson described the project in detail and offered to provide additional information to IPs upon request.

4. SSI Data Collection and Reporting

SSI Training Workshop Follow-Up

Ms. Barclay said a small group of people will be assembled to work through the technical issues involved with SSI data collection. She said several hospitals are already using the NHSN module and are willing to help other hospitals.

5. Status Report: Healthcare Workers Influenza Vaccination Survey

Ms. Barclay reported that all hospitals have submitted completed surveys to the Commission. The staff is working through outstanding issues, but preliminary data shows the health care worker vaccination rates are up substantially from last year. She discussed some of the comments received from hospitals and indicated that the survey will be discussed at the meeting next month. She added that some hospitals stated physicians were vaccinated but not included in the rates. She said a similar set of questions were added to the Ambulatory Surgery Center Annual Survey.

6. Other Updates

Maryland Hospital Hand Hygiene Collaborative

Ms. Barclay said a tremendous amount of work is being done to improve hand hygiene compliance including a statewide learning session scheduled for June 15th. She said there is a meeting of the

Maryland Health Quality and Cost Council scheduled for June 11th at which a report on the status of the Hand Hygiene Collaborative will be provided. Ms. Gary said they are starting to look at the data. She said the goal was to standardize the data across hospitals and enhance current programs underway at the hospitals.

Acinetobacter Collaborative

Dr. Wilson said the prevalence survey is slated for implementation later in the summer. She reported that 24 acute care facilities have agreed to participate in the collaborative, as well as two LTC facilities and seven LTC facilities with vent beds. They are currently ordering and distributing supplies, and gathering information from the facilities via a survey. She said University of Maryland will play a key role in the microanalysis of the specimens.

Request for Public Comment: Surgical Care Improvement Project Measures

Ms. Barclay reported that a Request for Comments document on the two proposed core measures (SCIP Inf-9 and SCIP Inf-10) was sent to IPs for information and review. These measures are NQF endorsed and adopted by CMS. The Commission is proposing to initiate data collection for the two measures in January 2011.

Proposed CMS Rules Regarding the Addition of NHSN CLABSI and SSI Measures to the Medicare Annual Payment Update

Ms. Barclay said CMS is proposing to adopt the NHSN CLABSI and SSI modules as part of the Medicare Annual Payment Update to hospitals. She said in the future, NHSN data may be included on Hospital Compare. She said Maryland has been going in the same direction with data reporting. Ms. Barclay explained that Maryland is a waiver state and is exempt from Medicare prospective payment rules and the Annual Payment Update feature. However, Maryland hospitals do report on Hospital Compare.

7. Adjournment

The meeting adjourned at approximately 3:00 p.m. The next meeting is scheduled for June 23, 2010.